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FISCAL IMPACT STATEMENT

LS 6759

BILL NUMBER: SB 219

NOTE PREPARED: Jan 26, 2009

BILL AMENDED: Jan 22, 2009

SUBJECT: Immunization Registry and Pertussis Booster.

FIRST AUTHOR: Sen. Miller

FIRST SPONSOR:

BILL STATUS: 2nd Reading - 1st House

FUNDS AFFECTED: X GENERAL
X DEDICATED
X FEDERAL

IMPACT: State & Local

Summary of Legislation: (Amended) This bill includes a physician's designee and a pharmacist's designee as persons who may provide immunization data to the immunization data registry. The bill adds: (1) a provider's designee; (2) a child placing agency; (3) an accident and sickness insurer; and (4) a health maintenance organization; as persons to whom the State Department of Health (ISDH) may release information from the immunization data registry. This bill also prohibits an insurer or a health maintenance organization from using the registry information in a specified manner. The bill requires ISDH to adopt rules to require school-age children to receive immunizations against: (1) meningitis; (2) varicella; and (3) pertussis.

Effective Date: July 1, 2009.

Explanation of State Expenditures: (Revised) This bill expands the entities that may request immunization information from the State Department of Health (ISDH). The bill will increase the workload of the ISDH to the extent that additional requests for information are submitted.

The bill also requires ISDH to adopt rules to require school-age children to receive additional immunizations against meningitis, varicella, and pertussis. This will increase both ISDH workload and expenses in order to (1) research and draft rules, (2) have legal staff review rules through the rule-making process, (3) hold at least one public hearing on the rules, and (2) provide required notices.

According to the Advisory Committee on Immunization Practices of the U.S. Centers for Disease Control and Prevention (CDC), immunizations are recommended for meningitis, varicella, and pertussis. State

expenditures to provide the required immunizations will vary depending on (1) the rules adopted by ISDH, (2) the immunizations needed for children enrolled in the state CHIP program and (3) the timing of implementing the rule.

ISDH reports that the federal Vaccines for Children (VFC) program administered by the CDC currently provides all recommended vaccines to eligible children at no cost. Included in the list of recommended vaccines are the varicella, meningitis, and pertussis immunizations. Eligible children are those under the age of 18 and are any one of the following: (1) eligible for Medicaid, (2) without health insurance, (3) American Indian, (4) Alaskan Native, or (5) have health insurance that does not cover vaccines. Program participants are not liable for the costs of the immunization, only a processing fee. This bill may not increase state expenditures to provide immunizations to indigent children if they qualify and obtain immunizations under the VFC program.

The VFC program currently provides immunizations to uninsured children, underinsured children, and children on Medicaid. Children who participate in the CHIP program would not be considered eligible to receive immunizations from the VFC program as CHIP is considered health insurance. However, children who receive CHIP benefits are entitled to age-appropriate immunizations under the program. If these immunizations are considered age-appropriate immunizations, CHIP expenditures will increase to finance the costs of providing the required immunizations. [Note: CHIP participants are not subject to any deductibles, coinsurance, or other cost-sharing fees for age-appropriate immunizations.]

The base CDC cost for each immunization is as follows: (1) pertussis, between \$1.27 to \$10.02 per dose [cost varies depending on any other immunizations included with this particular inoculation]; (2) meningitis, \$15.27 per dose; (3) varicella, \$6.15 per dose. The total CDC cost for all three immunizations is between \$22.69 and \$31.44. The number of immunizations provided to CHIP enrolled children to meet the requirements of any rules adopted by ISDH is indeterminable and would be dependent on whether these children fall under the specification of coverage outlined in the rule and whether they had received the immunization prior to entry into the CHIP program. The estimated cost to immunize 1,000 eligible children in the CHIP program would be between \$22,700 and \$31,500. It should be noted that under the CHIP program, approximately 73% of the expenses are reimbursable by the federal government. The state share to provide immunizations to 1,000 CHIP eligible children would be between \$6,100 and \$8,500.

Background Information: Under IC 20-34-4-4, if a parent cannot secure immunizations for their child, the local health department may provide the immunization. These immunizations may be furnished by either the local health department or ISDH.

ISDH reports that the VFC program administered by the CDC provides all recommended vaccines to eligible children at no cost. Eligible children are those under the age of 18 and are any one of the following: (1) eligible for Medicaid, (2) without health insurance, (3) American Indian, (4) Alaskan Native, or (5) have health insurance that does not cover vaccines. Program participants are not liable for the costs of the immunization, only a processing fee.

Explanation of State Revenues: (Revised) Under the bill, ISDH would be able to charge sickness insurers and health maintenance organizations a reasonable fee for the release of immunization information. Depending on the fee amount, fees can help offset any costs incurred by ISDH to retrieve and provide immunization information. Any increase in revenue received by ISDH will depend on the established fee and the number of requests made by sickness insurers and health maintenance organizations.

Explanation of Local Expenditures: (Revised) Under the bill, local school corporations may have to ensure that children receive required immunization unless there is an allowable reason that the child should not be immunized.

Explanation of Local Revenues:

State Agencies Affected: SDH.

Local Agencies Affected: Local school corporations.

Information Sources: Scott Zarazee, SDH; Amanda Mizell, SDH; CDC; Recommendations of the Advisory Committee on Immunization Practices of the CDC; Burns and Associates, Inc., Independent Evaluation of Indiana's Children's Health Insurance Program, Published April 1, 2008.

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